

Lincoln



Nebraska's Capital City

August 27, 2001

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Nebraska Retail Ventures LLC, d.b.a. Ampride.

Ampride has requested that Michael Olderbak be approved as the manager of the following Ampride locations all holders of class B or B/K liquor licenses.

4135 South 48th, License B38742
4002 Adams, License B38740, K42812
600 West 'A' Street, License B38741
3291 Holdrege, License B42975, K42976
4401 North 70th, License B42973, K42974
5501 Superior, License B50102

Background information on the applicant will be omitted as the Council approved Michael Olderbak as the manager for Kabredlo's liquor license.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department

575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



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ATTACHMENT RECEIVED

MAY 31 2001

APPLICATION FOR CORPORATE MANAGER

NEBRASKA RETAIL VENTURES, L.L.C.
(Kabredlo's, Inc.)
NEBRASKA LIQUOR
CONTROL COMMISSIONNEBRASKA LIQUOR
CONTROL COMMISSION

<u>Premise</u>	<u>License No.</u>	<u>Date</u>
Store No. 101 338 N. 27 th St., Lincoln, NE	#38594	1993
Store No. 104 730 W. Cornhusker, Lincoln, NE	#38593	1993
Store No. 107 3560 N. 48 th St., Lincoln, NE	#41512	1998
Store No. 109 5120 S. 118 th St., Omaha, NE	#47959	2000
Store No. 110 9905 "Q" Street, Omaha, NE	#47961	2000
Store No. 111 2104 Pratt Avenue, Bellevue, NE	#47960	2000
5444 Center, Omaha, NE	#49658	2000

STATE OF NEBRASKA



Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

01 AUG 22 PM 2:00

CITY OF LINCOLN
NEBRASKA

95497
106

August 20, 2001

Office of the City Clerk
555 So 10th St
Suite 103
Lincoln NE 68508

RE: Nebraska Retail Ventures LLC
Manager Applicant: Michael D Olderbak

Clerk:

Enclosed are copies of manager applications for Michael D Olderbak. These are being filed in connection with the liquor licenses for:

Ampride #101, 4135 S 48th St, license #B38742
Ampride #102, 4002 Adams, license #B38740; K42812
Ampride #103, 600 W "A" St, license #B38741
Ampride #105, 3291 Holdrege St, license #B42975; K42976
Ampride #106, 4401 N 70th St, license #B42973; K42974
Ampride #107, 5501 Superior St, license #B50102

Please present these applications to your City Council and send us the results of that action.

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Mary Messman
Licensing Division

mm
encl.

cc: File

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

RECEIVED

MAY 31 2001

Return to: Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814

Web address: <http://www.nol.org/home/NLCC/>

NEBRASKA LIQUOR
CONTROL COMMISSION

NAME OF LICENSED CORPORATION

Nebraska Retail Ventures, L.L.C. **OK**

CLASS & LICENSE NUMBER

B 50102 **OK**

TRADE NAME OF LICENSED PREMISE

~~Nebraska~~ Ampride #107

STREET ADDRESS OF LICENSED PREMISE

5501 Superior Street **OK**

CITY

Lincoln **OK**

COUNTY

Lancaster **OK**

ZIP CODE

68504 **OK**

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

NAME (LAST, FIRST, MIDDLE, MAIDEN)

Olderbak, Michael D.

SEX
F **(M)**

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

PLACE OF BIRTH

Grand Forks,
North Dakota

HOME STREET ADDRESS

3291 Randolph Street

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68510

HOME TELEPHONE NUMBER

(402) 474-9703

BUSINESS TELEPHONE NUMBER

(402) 475-8848

DRIVERS LICENSE NUMBER & STATE

[REDACTED] Nebraska

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

N/A - Not married

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER
& STATE

DATE OF BIRTH:

PLACE OF BIRTH:

1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ Yes ☒ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES ☐ NO

SEE ATTACHED

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MAY 11 2001

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

NEBRASKA LIQUOR

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)☐ YES ☒ NO

NEBRASKA LIQUOR

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?☐ YES ☒ NO Fingerprint cards are currently on file.

APPLICANT: CITY & STATE		YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Lincoln, Nebraska	10/90	6/01	N/A	
Norfolk, Nebraska	4/88	10/90		
Garden City, Kansas	4/86	4/88		
Turpin, Oklahoma	1/79	4/86		

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1993 2001	Kabredlo's, Inc.	Self	402/475-8848
1987 1993	Contemporary Industries, Omaha, NE	Dave Cop	402/850-5464

STATE OF NEBRASKA)

) SS

COUNTY OF)

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit may be attached, however, fingerprint cards are still required to be filed.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and inaccurate.

Signature of Applicant

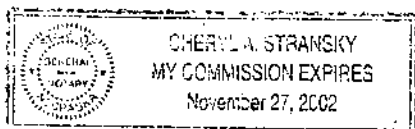
Michael D. Olderbak

Signature of Spouse (If applicable)

Subscribed in my presence and sworn to before me this 30
day of May, 2001.Subscribed in my presence and sworn to before me this _____
day of _____.

Notary Signature & Seal

Notary Signature & Seal

FORM 35-1013
REV. 1/00
PAGE 2

Application for Corporate Manager

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Must Be A Nebraska Resident

Please submit in Triplicate

MAY 31 2001

Return to: Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.neLorc/home/NLCC/>

NEBRASKA LIQUOR

NAME OF LICENSED CORPORATION

Nebraska Retail Ventures, L.L.C.

CLASS & LICENSE NUMBER

RECEIVED 42973; K 42974 ✓

TRADE NAME OF LICENSED PREMISE

~~Kaboodle~~ Amprice #106

JUL -5 2001

STREET ADDRESS OF LICENSED PREMISE

4401 N. 70th Street

CITY

Lincoln

COUNTY

Lancaster

ZIP CODE

68507

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



APPLICANT INFORMATION (MUST BE 21 OR OVER)

NAME (LAST, FIRST, MIDDLE, MAIDEN)

Olderbak, Michael D.

SEX

F (M)

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

PLACE OF BIRTH

Grand Forks, North Dakota

HOME STREET ADDRESS

3291 Randolph Street

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68510

HOME TELEPHONE NUMBER

(402) 474-9703

BUSINESS TELEPHONE NUMBER

(402) 475-8848

DRIVERS LICENSE NUMBER & STATE

[REDACTED] Nebraska

SPOUSE'S INFORMATION (IF NOT MARRIED, INDICATE)

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

N/A - Not married

SOCIAL SECURITY NUMBER

[REDACTED]

DRIVERS LICENSE NUMBER & STATE

[REDACTED]

DATE OF BIRTH:

PLACE OF BIRTH:

1. READ CAREFULLY. Answer completely and accurately.

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☐ Yes ☒ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES ☐ NO

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Application for Corporate Manager

Must Be A Nebraska Resident

MAY 31 2001

Please submit in Triplicate

Return to:

Nebraska Liquor Control Commission, PO Box 95046

301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571

Fax: (402) 471-2314

Web address: <http://www.nol.org/home/NLCC/>NEBRASKA LIQUOR
CONTROL COMMISSION

NAME OF LICENSED CORPORATION

Nebraska Retail Ventures, L.L.C.

CLASS & LICENSE NUMBER

B 42975, K 42976

TRADE NAME OF LICENSED PREMISE

Ampride #105

STREET ADDRESS OF LICENSED PREMISE

3291 Holdrege Street

CITY

Lincoln

COUNTY

Lancaster

ZIP CODE

68503

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

NAME (LAST, FIRST, MIDDLE, MAIDEN)

Olderbak, Michael D.

SEX

F (M)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

PLACE OF BIRTH

Grand Forks,
North Dakota

HOME STREET ADDRESS

3291 Randolph Street

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68510

HOME TELEPHONE NUMBER

(402) 474-9703

BUSINESS TELEPHONE NUMBER

(402) 475-8848

DRIVERS LICENSE NUMBER & STATE

Nebraska

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

N/A - Not married

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER
& STATE

DATE OF BIRTH:

PLACE OF BIRTH:

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☐ Yes ☒ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES☐ NO

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Application for Corporate Manager **RECEIVED**

Must Be A Nebraska Resident

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MAY 31 2001

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NEBRASKA LIQUOR
CONTROL COMMISSION

NAME OF LICENSED CORPORATION Nebraska Retail Ventures, L.L.C. OK	CLASS & LICENSE NUMBER B 38742 ✓
--	--

TRADE NAME OF LICENSED PREMISE

~~XXXXXXXXXX~~ Ampride #101

STREET ADDRESS OF LICENSED PREMISE

4135 S. 48th Street OK

CITY

Lincoln OK

COUNTY

Lancaster OK

ZIP CODE

68506 OK

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



NAME (LAST, FIRST, MIDDLE, MAIDEN)

Olderbak, Michael D.

SEX
F ☒ M

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

PLACE OF BIRTH

Grand Forks,
North Dakota

HOME STREET ADDRESS

3291 Randolph Street

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68510

HOME TELEPHONE NUMBER

(402) 474-9703

BUSINESS TELEPHONE NUMBER

(402) 475-8848

DRIVERS LICENSE NUMBER & STATE

[REDACTED] Nebraska

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

N/A - Not married

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER
& STATE

DATE OF BIRTH:

PLACE OF BIRTH:

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☐ Yes ☒ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES

☐ NO

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Application for Corporate Manager

Must Be A Nebraska Resident

III - Please submit in Triplicate

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Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

MAY 31 2007

NEBRASKA LIQUOR
CONTROL

NAME OF LICENSED CORPORATION

Nebraska Retail Ventures, L.L.C. OK

CLASS & LICENSE NUMBER

B 38741 ✓

TRADE NAME OF LICENSED PREMISE

XXXXXXXXXX Ampride #103

STREET ADDRESS OF LICENSED PREMISE

600 West "A" Street OK

CITY

Lincoln OK

COUNTY

Lancaster OK

ZIP CODE

68522 OK

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:

NAME (LAST, FIRST, MIDDLE, MAIDEN)

Olderbak, Michael D.

SEX

F (M)

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

PLACE OF BIRTH

Grand Forks,
North Dakota

HOME STREET ADDRESS

3291 Randolph Street

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68510

HOME TELEPHONE NUMBER

(402) 474-9703

BUSINESS TELEPHONE NUMBER

(402) 475-8848

DRIVERS LICENSE NUMBER & STATE

[REDACTED] Nebraska

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

N/A - Not married

SOCIAL SECURITY NUMBER

[REDACTED]

DRIVERS LICENSE NUMBER & STATE

[REDACTED]

DATE OF BIRTH:

PLACE OF BIRTH:

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☐ Yes ☐ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES ☐ NO

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CONTROL COMMISSION

NAME OF LICENSED CORPORATION

Nebraska Retail Ventures, L.L.C. OK

CLASS & LICENSE NUMBER

B 38740, K 42812 ✓

TRADE NAME OF LICENSED PREMISE

XXXXXXXXXX Ampride #102

STREET ADDRESS OF LICENSED PREMISE

4002 Adams OK

CITY

Lincoln OK

COUNTY

Lancaster OK

ZIP CODE

68504 OK

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO:



NAME (LAST, FIRST, MIDDLE, MAIDEN)

Olderbak, Michael D.

SEX

F (M)

SOCIAL SECURITY NUMBER

[REDACTED]

DATE OF BIRTH

[REDACTED]

PLACE OF BIRTH

Grand Forks,
North Dakota

HOME STREET ADDRESS

3291 Randolph Street

CITY

Lincoln

COUNTY

Lancaster

STATE

NE

ZIP CODE

68510

HOME TELEPHONE NUMBER

(402) 474-9703

BUSINESS TELEPHONE NUMBER

(402) 475-8848

DRIVERS LICENSE NUMBER & STATE

[REDACTED] Nebraska

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN)

N/A - Not married

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER
& STATE

DATE OF BIRTH:

PLACE OF BIRTH:

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☐ Yes ☒ No

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ Yes ☐ No